

**Yellowstone County Youth Intake and Assessment Center (YIAC)
Referral Form**

Referring Agency: _____

Agency Contact: _____ Phone Number: _____

Agency Address: _____

Agency Fax Number: _____

Name of Youth: _____

Youth DOB: _____ SSN: _____

Parents Name: _____ Phone Number: _____

Reason for Referral: _____

*****Please send signed Release of Information with Referral Form*****

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